

SIoux FALLS HEALTH DEPARTMENT

Family Day Care Home Renewal Form—Registered Helper

Date _____

Applicant Information

Name of Applicant _____ Phone _____

Applicant's Home Address _____

Address _____ Fax _____

City _____ State _____ Zip _____ Email _____

Date of Birth _____ SS# or DL# _____

Please list all names of any Family Daycare providers you are working for along with their address.

Name Providers You Are Working For	Address

Have you ever been arrested or convicted of an offense for which you would need to register as a sex offender in South Dakota or any other jurisdiction or any lesser or similar related charge?

Yes No

If yes, explain _____

Have you ever been arrested, convicted, or put on notice for child abuse and/or neglect?

Yes No If yes, explain _____

Have you been arrested and/or convicted of a felony in the past five years? Yes No

If yes, explain _____

Have you or any person who frequents the home been incarcerated in a federal, state, county, or local correctional facility in the last 10 years? Yes No

If yes, explain _____

(continued on back)

Please check that you have provided or have on file with the City of Sioux Falls the following additional information with this registration form:

- Documentation that you have not been convicted of a felony in the last five years. **(To meet state requirements, one-third of all providers to be checked each year.)**
- Current Infant/Child CPR and First Aid. Call Sanford at 312-8390 to register.
- Copies of 6 hours of continuing education (required each year with renewal—**CANNOT REPEAT CLASSES WITHIN 3 YEARS**). Call Sanford at 312-8390 to register.

The Sioux Falls Health Department will issue or renew a registration permit only after ascertainment that facts set forth in the application are true and complete, and satisfactory evidence of the applicant’s ability to comply with the provisions of Chapter 92 of the Code of Ordinances of Sioux Falls. It is not a guarantee of registration, since all requirements for registration according to City ordinance must be met prior to certificate issuance.

If all required information for processing is not included, the application and its contents will be kept on file for 90 days or until all requirements are met and all required documentation provided, whichever is shorter. By signing I am verifying the accuracy of this information to the best of my knowledge and I agree to allow the City Health Department to perform all appropriate screenings.

I agree to allow City Health Department representatives access to all parts of the property where I help with a Family Day Care. I have read, understand, and agree to City ordinance, Chapter 92 Family Day Care Homes available at www.siouxfalls.org/Business/Daycare or by request from the Health Department.

Signature of Applicant: _____

Date: _____

Submit to: **Sioux Falls Health Department**
521 North Main Avenue, Suite 101
Sioux Falls, SD 57104-6419
605-367-8760

OFFICE USE ONLY: _____

Approved By: _____ Sex Registered Check: _____ Date: _____

Date	Time	Notes	Initials